

DHS Expected Practices

Specialty: Ophthalmology

Subject: Management of Flashes & Floaters

Date: June 26, 2013

Purpose:

To outline guidelines and referral recommendations for patients with Flashes and Floaters

Target Audience: Primary Care Providers

Expected Practice:

Brief Background

Flashes of light and floaters are symptoms of vitreous detachment. Vitreous detachment is the process in which the vitreous separates from the retinal surface, and typically occurs between the ages of 40-70 years old. When the vitreous detaches, it can cause tears in the retina, which in turn can lead to retinal detachment. Whether or not there is a tear in the retina, patients may have intense, mild or no symptoms. If there are symptoms, a careful retinal exam is required to rule out retinal tears or detachment.

Many patients develop floaters due to changes of the vitreous over time (syneresis). Vitreous syneresis, as opposed to vitreous detachment, related floaters are benign. It is not always possible to elicit a clear history of chronicity. When in doubt, the patient should be referred; dialogue can clarify the need for an appointment. However, if there is a clear history of longstanding gradual changes in floaters, they are likely due to syneresis and there is no urgency to evaluate.

This Expected Practice was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

When to Refer

Patients reporting new or recent onset flashes of light or floaters in their vision should be referred for an urgent or emergent appointment to the eye clinic.

Of particular urgency are situations in which the patient describes any of the following:

- Burst of flashes of light followed by a shower of floaters
- Change or decrease in vision
- Loss of peripheral vision, esp. if that loss is moving toward center of vision

Patients that have longstanding floaters without flashes of light, and no recent change in symptoms can be booked for routine appointments. (The patient can be asked “Are the floaters similar to what they were 6 months or 1 year ago?” If yes, they are likely longstanding.)

Specifically, if symptom onset is:

- within 2 weeks, patient should be immediately sent to the ER/urgent care, *do not place a referral/eConsult to eye clinic.*
- between 2 weeks and 6 months, an eConsult should be placed for possible expedited appointment with the eye clinic at the specialty reviewer’s discretion.
- greater than 6 months prior, the patient may not need to be seen if no changes in central or peripheral vision have occurred; an eConsult may be placed for consultation with a specialty reviewer regarding need for appointment.

When referring patients, please provide the following information in the referral to Optometry/Ophthalmology:

- Indicate “Evaluation for new onset flashes or floaters”
- Provide information regarding the onset and chronicity of flashes/floaters as well as associated symptoms
- Include the presence of any other concerning factors.